JSL Law Offices, P.C.

626 RXR PLAZA, Uniondale, NY 1156

Tel: (718) 461-8000

Fax: (866) 449-8003

August 9, 2021

VIA ECF

Honorable Pamela Chen
United States District Court
Eastern District Of New York
225 Cadman Plaza East
Brooklyn, New York 11201

Re: 1:20-cv-02636
(Minhye Park v. David Kim, M.D.)

Dear Judge Chen:

Our office represents Plaintiff MINHYE PARK in the above- referenced action for medical malpractice. We submit this letter to request a settlement conference that Defendant is using the discovery process to harass Plaintiff and that Plaintiff has supplied sufficient discovery. As stated in Miranda v. Haywood, 2010 U.S. Dist. LEXIS 256780 (E.D.N.Y. Jan. 22, 2010), the United States Magistrate Judge noted that "[a]s a matter of course, this Court routinely schedules settlement conferences in every case before the court when the parties request such a conference or when the parties have exchanged sufficient information to make such a conference appropriate." Haywood at 14.

Defendant's Counsel Untruthfully Stated

Plaintiff must point out that Defendant's counsel untruthfully stated that Plaintiff came to New York only to obtain the abortion. EXHBIT A (Defendant's letter dated July 17, 2021) Plaintiff was travelling in the United State before she saw the Defendant. Plaintiff visited Defendant for the first time on November 16, 2017 as her symptoms indicated that she was likely pregnant. Defendant told Plaintiff that it's too early to determine whether Plaintiff was pregnant

or not, and asked Plaintiff to come later. During her second visit on November 21, 2017, Defendant confirmed that the plaintiff was indeed pregnant and performed the surgery on November 27, 2017. The Defendant's counsel falsely alleged the above only to insult or harass the Plaintiff. Also Defendant's counsel insulted Plaintiff by the implication that Plaintiff had two prior abortions. Finally, the Defendant's counsel incorrectly asserts that Plaintiff signed a consent form.

Defendant's Failure to Terminate Plaintiff's Pregnancy And NO Expert Testimony Needed

On December 13, 2017, Defendant Dr. Kim admitted his failure to terminate Plaintiff's pregnancy by stating that Plaintiff was recalled to review the results of the termination of pregnancy on November 27, 2017 and Defendant explained to the Plaintiff that the pregnancy was still present. EXHIBIT B (Dr. Kim's note, page 31); *see* Def Ex. J (entire records of Dr. Kim, document #17-11)

In addition, the two physicians in South Korea examined the Plaintiff, including the use of ultrasound test, and determined the damaged fetus was still alive in Plaintiff's womb. Plaintiff provided all medical records to Defendant. And therefore, **Plaintiff does not need extra expert testimony.** EXHIBIT C (MED REC_MIRAE Obstetrics and gynecology_12.19.2017); EXHIBIT D (MED REC_ROSEMOM BOGY CLINIC)

Due to defendant's negligence to Plaintiff, the fetus was not successfully removed from the plaintiff's womb. Our traumatized Plaintiff had to undergo a second procedure, leaving her with additional scars and a longer recovery period. Plaintiff was caused to suffer pain, discomfort, mental anguish and emotional distress and was damaged thereby.

Plaintiff Has Not Consented to Waive Defendant's Liability If the Fetus Is Alive After the Surgery

Plaintiff cannot speak English or understand spoken English. Plaintiff confirmed that on November 16, 2017, Plaintiff signed a patient information sheet when an interpreter of the Defendant's staffs translated said sheet into Korean and it was written out in Korean as well. EXHIBIT E (Patient consent form in Korean & English 11/16/2017)

Defendant's counsel misleads this court that Plaintiff signed consent form on November 27, 2017 and that Plaintiff took the risk after surgery. The alleged consent form dated November 27, 2017 was written in **English only, not in Korean.** EXHIBIT F (Informed Consent Form 11/27/2021, page 5, Queens Surgical Care Center). There was **no Korean interpreter** on that day. And, in fact, the consent form the Defendant's counsel alleged **does not include any language specifying that Plaintiff consented to the risk that the Defendant may fail to properly remove the fetus.**

On November 27, 2017, Plaintiff met Defendant at the Queens Surgical Center. Defendant can't speak Korean. Defendant gestured for the Plaintiff to follow Defendant into a room and Defendant preformed the surgery directly. Plaintiff did not sign any papers on November 27, 2017. **The handwritten Plaintiff's name, date and signature are not hers** but someone else's, and Plaintiff has never seen the papers before or after the surgery and no one informed any risks from

the surgery. EXHIBIT G (Plaintiff's emails dated July 5, 2021 were translated in English. Plaintiff was unable to get it notarized due to COVID-19)

Defendant failed to obtain an informed consent to the risk that Defendant may fail to properly remove the fetus. Had informed consent been given, Plaintiff as a reasonably prudent person would not have consented.

Plaintiff Is Not Required to Assist Defendant's Discovery

Defendant's counsel kept asking for the insurance records as collateral sources to prove prior two abortions. As Defendant's counsel has admitted Plaintiff served all authorizations to collect her medical records, including collateral sources. That insurance providers in South Korea delayed responding to Defendant is not Plaintiff's responsibility, nor is Plaintiff required to assist Defendant Discovery.

Plaintiff had only one prior abortion roughly 10 years ago from the date the Defendant's failed to remove the fetus. This occurred when Plaintiff was a teenager. At that time, her boyfriend brought her to a clinic, and she does not remember or know the place or name of the clinic. The medical records of the Defendant Dr. Kim only shows that someone checked the box "twice" with no date or place noted. An abortion from the 10 years ago is not relevant to this action. If the prior abortion is relevant or important to Plaintiff's surgery on November 27, 2017, Defendant Dr. Kim, must have asked the dates and places of prior abortion(s) and recorded the same in his medical notes. But nowhere is it noted in the records that the Plaintiff had two abortions.

Furthermore, requesting all the history of Plaintiff's life violates Plaintiff's privacy and civil rights as it may include the release of information related to AIDS, HIV, sexually transmitted disease, tuberculosis, or genetics, if any. Therefore, Defendant's attempt to force Plaintiff to provide all insurance records, without any exclusion, must be denied.

Damage Calculation:

An oriental doctor said that a woman requires postpartum care for at least 3 weeks after an abortion. https://news.joins.com/article/6999017 The doctor added that since an abortion causes not only physical damages but emotional distress, such abortions are much more serious than a regular delivery, and thus there is more postpartum care required as compared to a normal delivery. Upon an abortion, her body drastically changes such as, headache, stomachaches, pelvic pain, uterine inflammation, and hormonal imbalance. Bleeding and inflammation in the process of removing a fetus may cause scratches and damages on endometrium and cervix, the doctor emphasized, as well as possible sterility in the future. *See id.*

Due to Defendant Dr. Kim's failure to terminate the fetus, Plaintiff had to undergo the abortion surgery twice, and was forced to consult with the two Korean doctors if she could keep the fetus and deliver it. The doctors did not recommend it because Defendant Dr. Kim had already performed general anesthesia, scratched it, and administered antibiotic and other drugs to the Plaintiff. The failure of the Defendant Dr. Kim's to exercise standard and reasonable medical care

caused the Plaintiff physical damages and severe emotional distress. In addition, the plaintiff faces the very real possibility of sterility in the future at a rate that is twice the normal rate after a successfully performed abortion. In addition Plaintiff incurred medical expenses in South Korea, urgent peak time flight ticket in December 2017 to South Korea, and postpartum care.

Lost Wages

During the postpartum period of one year, Plaintiff's lost wages would be calculated pursuant New York Workers' Compensation Act and the minimum wage she would have possible earned.

Conclusion

Plaintiff has provided sufficient discovery responses, and Defendant keeps harassing plaintiff to increase their billable hours. Plaintiff respectfully requests this court to set up a settlement conference.

Respectfully submitted,

Dated: Uniondale, New York
August 9, 2021

/s/ Jae S. Lee
Jae S. Lee
JSL LAW OFFICES, P.C.
Attorneys for Plaintiff
626 RXR PLAZA
Uniondale, New York 11556

HPM&B
ATTORNEYS AT LAW

99 PARK AVENUE NEW YORK, NY 10016-1601
TEL: 212-286-8585 FAX: 212-490-8966
WWW.HPMB.COM

Hayley Newman
Partner
hnewman@hpmb.com

July 16, 2021

VIA ECF

Honorable Pamela Chen
United States District Court
Eastern District of New York
225 Cadman Plaza East
Brooklyn, New York 11201

Re: Minhye Park v. David Kim, M.D.
Docket 1:20-CV-02636(PC)
Our File 778-1018

Dear Judge Chen:

Our law firm represents Dr. David Kim in this action for medical malpractice. We are requesting permission to file a discovery motion compelling plaintiff to produce her medical records relevant to the claims at issue in this lawsuit and to produce other discovery responses which remain outstanding.

Over the past few months and since filing the joint request for an extension of time to complete discovery, our firm attempted to communicate with plaintiff's counsel in good faith to resolve these issues. In addition to sending letters and emails, we called plaintiff's counsel five times in June. Only some of these calls were responded to by Ms. Lee - via email. On July 7, 2021, our firm was finally able to arrange a phone conference with Ms. Lee. During this meet and confer, we discussed the discovery issues that are the subject of this letter-motion. Ms. Lee believes her client satisfied her discovery obligations and advised that she will not produce additional medical records, collateral source records, documentation in support of plaintiff's claims for lost earnings or, supplemental discovery responses as to interrogatories that were clearly insufficient. Moreover, plaintiff has not served expert disclosure or an expert report, to date.

HPM&B
ATTORNEYS AT LAW

Briefly, plaintiff claims our client, Dr. Park, negligently performed an abortion in November 2017. Plaintiff is a resident of South Korea and traveled to New York for the procedure. All of plaintiff's relevant prior and subsequent medical records are located in South Korea. Unfortunately, this means that the Court and our firm cannot compel production of records from this country. It is uncontroverted that prior to the abortion at issue in this case, Ms. Park underwent two previous abortions. To date, we have been unable to obtain the records of the prior procedures. These are relevant to our expert's review of the case as well as plaintiff's claim for informed consent asserted in this action.

In addition to medical records, we have been unable to obtain any insurance/collateral source records from South Korea which would contain the names of plaintiff's physicians and we could discern the identity of the relevant prior/subsequent providers based upon these records. It is plaintiff's position that the records are irrelevant. She also advised our firm that her client may not recall the name of the prior abortion providers, which is why the insurance records are of particular importance.

To date, plaintiff has not produced any records in support of the claims for lost earnings, despite claiming her client was unable to work for several months as a result of the treatment at issue. Nor has she produced any subsequent gynecology records from 2019 to present that would reveal whether plaintiff's alleged injuries are ongoing or fully resolved. Plaintiff did not produce records in support of the claims for emotional distress, either.

With respect to discovery, plaintiff's counsel served interrogatory responses some of which are inadequate or not responsive to the demands (i.e. when asked to identify witnesses, plaintiff's counsel stated that plaintiff's family are witnesses to the events described in the Complaint but failed to identify family members by name, description and failed to provide an address). This information should have been produced in plaintiff's Rule 26(a) response. Without witness disclosures, defendant cannot determine whether there will be nonparty witnesses to depose about the events at issue.

Plaintiff also produced photographs allegedly taken in a physician's office but failed to respond to our demand for the metadata for each photograph, as well as information as to where each photograph was taken and who is depicted in the photo.

Without this discovery, defendant is prejudiced in defending this case. Moreover, our office cannot conduct an informed deposition of the plaintiff.

Given the issues above, we respectfully request permission to file a motion pursuant to Rule 37 to compel plaintiff to produce all outstanding discovery or, issue in sanctions and reasonable costs due to plaintiff's non-compliance and/or, dismiss the case should plaintiff fail to comply by a date-certain.

HPM&B
ATTORNEYS AT LAW

This is the first application for this request. At present, the deadline to complete fact discovery is September 30, 2021.

Respectfully submitted,

HN:mn

Hayley Newman

cc: **VIA ECF**

JSL Law

Age Gravida: Para: LMP

QuestQuanum™

Chief Complaint:

- Annual GYN visit
- Vaginal discharge
- Vaginal itch
- Missed period
- Irregular menses
- Pregnancy
- Birth control
- Infertility
- Medicine refill
- Patient recalled

DOS 12/13/2017 Patient was recalled by my office to review the results of the pathology report from her procedure on 11/27/2017. Patient denies any complaints of fever, chills, abdominal/pelvic pain or vaginal bleeding.

HPI: see progress notes from 11/16/2017 and 11/21/2017.

Medical History:

- Patient denies the medical conditions below except for those checked in the box.
  - Hypertension
  - Asthma
  - Diabetes
  - Thyroid disorder
  - Anemia
  - Blood dyscrasia

Surgical History:

- Patient denies any history of surgical procedures.

Family History:

- Patient denies family history of any known gynecologic cancer or breast cancer.

Obstetrical History:

- Patient denies any obstetrical history.

Gynecologic History:

- **Patient denies any history of gynecologic**

Social History:

Marital status:

- **Single** | **Married** | **Divorced** | **Widowed**

Occupational status:

- **Denies** | **Employed** | **Student**

Toxic habits:

- **Denies toxic habits**
  - **Smokes cigarettes**
  - **Drinks alcohol**
  - **Uses recreational drugs**

Medications:

Allergies:

- **NKDA**

PHYSCIAL EXAM:

QuestQuanum™

Height: inches Wieght lbs. PULSE: beats per min
BP: / mmHg
RR: breaths per min
TEMP: 'F

Chaparrone present
- CELIA ASHLEY - Secretary
- JASMIN KIM - Secretary
- SHARON - Secretary
- EILEEN KIM - Manager
- ALSO AS KOREAN TRANSLATOR

HEENT:
- NCAT
- PERRLA
- Throat clear/supple. No palpable goiter.

General appearance: No apparent distess.

Cardiac:
- S1S2
- Regular rate and rhythm.
- No murmurs appreciated

Vitals: p 76 bp 110/62 rr 18

Lungs:
- Clear to ausculatation bilaterally

Abdomen:
- Soft
- +Bowel sounds
- Non Tender
- No palpable masses

Tender
- Generalized tenderness
- Right lower quadrant
- Left lower quadrant
- Right upper quadrant
- Left upper quadrant

	NO	YES
Guarding	NO	YES
Rebound	NO	YES
Rigidity	NO	YES

Extremities:
- No calf tenderness bilaterally
- No edema bilaterally

Skin:
- No visible skin lesions
- Normal skin turgor

Pelvic:

External Female Genitalia:
- Normal external female genitalia

Vagina:
- Normal appearing rugae
- No visible discharge

Cervix:
- No cervical motion tenderness
- No obvious cervical lesions

Cervical OS: closed and no bleeding.

Uterus:
- AV | Mid Position | Retroverted
- Non Tender
- Gravid

Adnexae:
- No adnexal tenderness bilaterally
- No palpable masses bilaterally

Rectovaginal:
- No palpable masses
- Normal sphincter tone

Assessment & Plan:

QuestQuanum™

Patient was recalled to review the results of the termination of pregnancy on 11/27/2017. Patient reports to have occasional nausea, but denies any fever chills, pelvic pain or vaginal bleeding. The result of the pathology report reported decidua with reactive changes. No villi

Tests Performed/Ordered

- PAP Smear
- Genprobe
- Mammogram
- Dexa Scan

Assessment & Plan:

QuestQuanum™

seen. . Pelvic exam: non tender uterus and the cervical os was closed without any bleeding visualized. Bedside sonogram: small fetus with movement visualized. Gestational age by LMP of 11/16/2017 is 8 weeks and 3 day. I explained to the patient that the pregnancy was still present

Tests Performed/Ordered

- [ ] PAP Smear
- [ ] Genprobe
- [ ] Mammogram
- [ ] Dexa Scan

ㄱ 진료실

예진. 상담 기록부

등록번호	70167	종 별	국민건강보험	보험조합명		
환자	성 명	박민혜	성별/년령	F 29	피보험자	기 호	
	주민등록 번호	88[redacted]				번 호	30026659587
	주 소	경남 창원시 의창구 평산로131번길 7 (서상동)				성 명	박민혜
	자격 취득일	2016-04-06	전 화			주민등록 번호	
	E-mail						
보호자 이름	배병현	직업 :		연락처 010-7605-7662			

주 호소(C. C) flushing / 6-sac (+)

11/29 마룩에서 D&C 하심

(주치에 Sono 상 뭐가 남았다고 다시 D&C 해야 된다고 함.

Vag bleeding (−)

Ofc 이후 Pill 23일

Prenatal care:

Local, Hospital, None

	성 명	직 업	혈액형	키	체 중
산 모			O+	161 cm	51 kg
남 편	(만 세)			cm	kg

활력징후 Bp 114/75 Pulse Temp

월경력	LMP	10/17
	PMP	
	EDC	
	Onset	
	Interval	regular
	Duration	4일
	Amount	Mod
	Dysmenorrhea	
	Menarche	
	Menopause	

Contraception

결혼력(S, M, W, D, Sep, Yrs Married) — S circled

Parity G: 3 P: Prem:

AA: 3 SA: Alive:

	가 족 력	과 거 력
신 장 병		
심 장 병		
고 혈 압		
결 핵		
성 병		
갑상선 기능장애		
당 뇨 병		
현재복용중인 약		
천 식		
간 질		
정 신 과 질 환		
혈 액 질 환		
수 혈		
수 술 및 사 고		
주사및약물부작용		
기 타		

산과력

임신중독증( )	제왕절개술(회)	산후출혈( )	염색체검사( )
자궁근종수술( )	자궁경관무력증( )	양수과다증( )	태아발육지연( )
다태임신( )	알레르기반응( )	기형(태아)( )	기타:

분만력

분만년도	임신기간	진통시간	태아상태	분만방법	성 별	출생시 체중	Remarks

Pelv. ex

Ext. Gen		
Vag		
Cx.		
Ut.	Posit. Av. T. Rv	
	Size	
	Consi. S. F.	
	Mob. Good Fair Poor	
	Tend mild mod. sev	
Adnexa	Rt.	
	Lt.	
Gul-de-sac		
Rec. Ex		

P.P. :

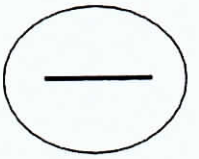
FHR :

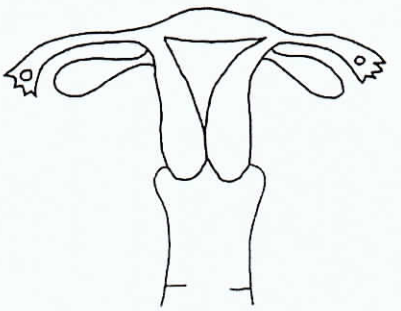
O.S. :

Station :

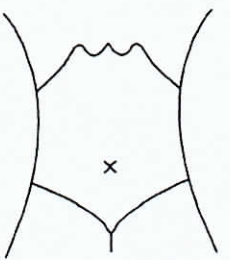
Effacement :

Memb :



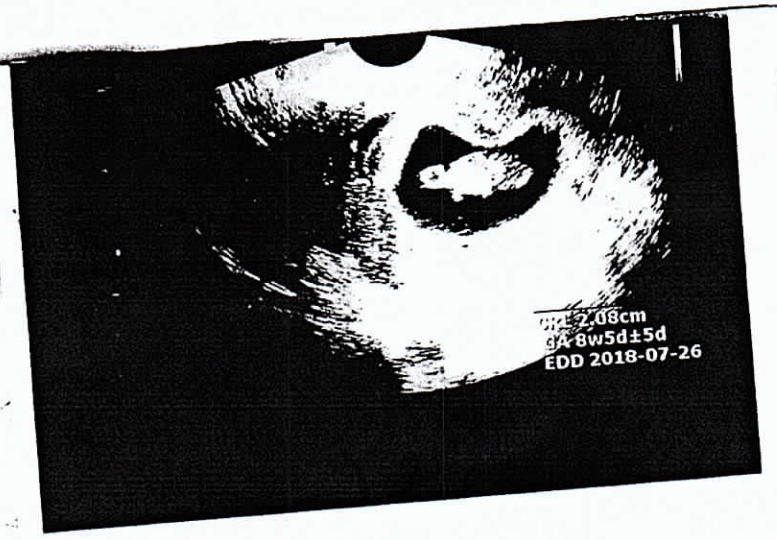


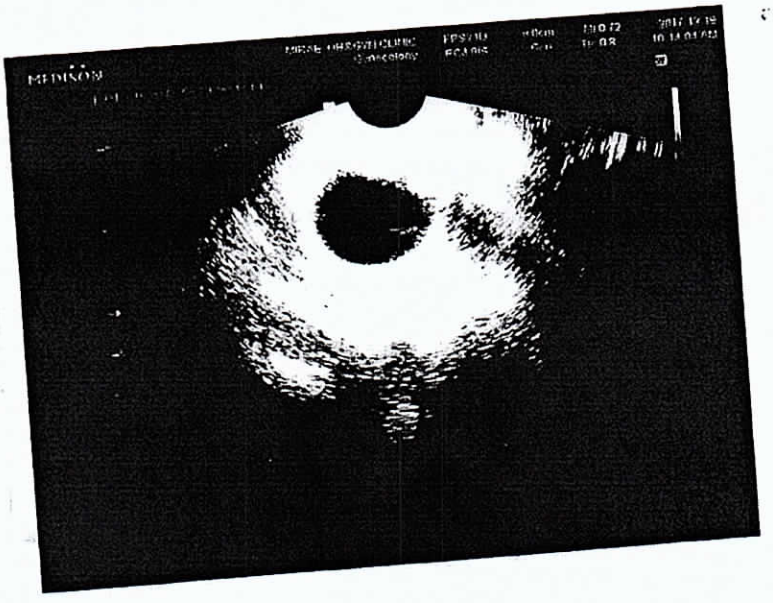
Abd.ex



IMPRESSION

날 짜	진 료 내 역	서 명
2017. 12. 19		





Rosemom OBGY CLINIC

원본대조필

No. 42313 진료실 3

Date : 2017. 06 (stamp) 010-5895-5382 (055) -

Name : 박민혜 Age : 28

Address : 경상남도 창원시 의창구 평산로131번길 7 (서상동)

기 호	1
번 호	30026659587
기관명칭	
주민등록 번 호	88[redacted]
피보험자	박민혜 / 자격취득일 2016-04-06

IMPRESSION :

Last 검진 2016년(정상)

미혼 coitus(+) Last 초음파 2016년

C.C Pap. TVS, 사후피임약처방

MENS : LMP 6/12 PMP EDC

PARITY : ♂ — ♀ — (NSVD / C/S) last D/C :

PH : Medical Hypertension DM. Hepatic. Renal. Tbc. others :

Operation

Drug hypersensitivity :

Physical exam : Ht : Wt : BP: P/R

General

E.N.T. 백신 (—)

Heart & Lungs [illegible]

abdomen [illegible]

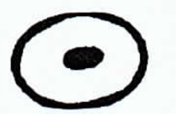
Extremities [illegible]

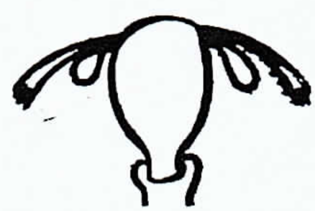
others

HUMANGATE T:02-798-3119

GJC00325H15749

Pelvic exam :





Date	Progress & Treatment	Dr. sign
2017. 06. 22	Vag. spotting 몇년간 COC 복용하다 한달전 끊음	LMP 6.12 PMP R
	USG (TV) Ut: n.s ēn-triple line Adn: Neg both Rt – DF Cx: n.s ō ⊕ V.D: spotting (–)	
	Req) 토스러노 1. L-Pap.	
		>b
2017. 11. 04	LMP 10/13 LAP / leukorrhea / foul odor USG: n-s Cx HT (±) V.D: yellowish U Req) p.o x 5H.	tender (+)
		>b.
19	LMP 10/13 11/중순 ... 임신, 상담 want	
122 mP 57 kg	(11/24) DC (미국비자) 시술후 2주간 이내요 USG (미국비자) CRL 8+4) < EMT ok > EMC 2018. 7. 24	9/3 Lab

경남 창원시 의창구 평산로 96
웰빙프라자3층 309, 310호
로즈맘여성산부인과의원
원장 홍기욱

로즈맘여성산부인과

이원의료재단 EONE Laboratories
검사기관기호 41341473

본 검사실은 대한진단검사의학회(KSLM) 및 CAP의 신임 인증을 받은 우수검사실로서 검사결과의 정확성 및 신뢰도를 보증합니다

검사자 서한익 MT (3577)
보고자 이정수 MD (542)
보고자 오귀영 MD (607)

인천광역시 연수구 하모니로 29 TEL 1600-9021 FAX (032)210-2733 www.eonelab.co.kr eone-LR001(Rev.8) 2017.4

LABORATORY REPORT

□ 외래 □ 병실

□ STAT □ ROUTINE

발행일자	20 년 월 일	생년월일		1과	2과	3과	5과
등록번호		LMP		몸무게			kg
성 명		보고일시	20 . . .	보고자			

01 HEMATOLOGY		03 URINALYSIS		05 GTT(50g)		07 W/S & Gram Stain	
WBC(4.91~12.3)	×10³/㎣	Glucose	−	GTT(100g) FBS(95mg/dl)	mg/dl	WBC	/HPF
RBC(3.80~5.05)	×10⁶/㎣	Protein	±	1hr(180mg/dl)	mg/dl	Yeast	/HPF
Hb(11.93~14.3)	g/d	PH	6.0	2hr(155mg/dl)	mg/dl	Trichomonas	/HPF
Hct(36.81~43.71)	%	Occult blood	−	3hr(140mg/dl)	mg/dl	Gram(+) cocci or rods	
MCV(83.89~100.66)	fL	WBC	3-5 /HPF			Gram(-) cocci or rods	
MCH(27.21~33.27)	pg	RBC	1 /HPF	06 CHEMISTRY		Gram(-) diplococci intra or extra	
MCHC(31.85~33.87)	g/dl	Yeast		GOT(AST)	0~31 u/l		
Plt(202.39~323.95)	×10³/㎣	Trichomonas		GPT(ALT)	0~32 u/l		
Seg(52.84~78.53)	%	04 SEROLOG & E/A		T.Protein	6.2~8.4 g/dl		
Lym(18.65~41.01)	%	HBsAg	NEGATIVE	Albumin	3.5~5.0 g/dl		
Mono(2.48~6.15)	%	HBsAb		BUN	4.6~23.3 mg/dl		
02 Blood Group		AIDS		Creatine	0.5~0.9 mg/dl		
ABO Group		β-HCG(CLIA)	miu/mL	Glucose	55~115 mg/dl		
RH type							

요양기관번호 38330776 검사 및 결과문의 055)285-9914 결과조회 www.han-lab.co.kr
51431 경상남도 창원시 의창구 용지로 225 3층 304호(용호동, 롯데아파트상가)

한병리과의원 Han Pathology Clinic 의료법인 이원의료재단

수진자명	박민혜 (F/29)	진료과목	산부인과/		
주민번호	881215-2******	의뢰의	조지혜	검체채취일	2017-12-20
차트번호	42313	접수번호	43-20171220-0457	결과보고일	2017-12-21 07:32
검체종류	S:Serum			기 타	

보험코드	검 사 명	결 과	판정	참 고 치	검체
CY170003	25-OH Vitamin D.Total	9.06		성인 Deficiency < 10.00 Insufficiency 10.00~30.00 Sufficiency 30.01~100.00 Toxicity > 100.00 ng/mL 소아 Severe deficiency ≤ 5.00 Deficiency ≤ 15.00 Insufficiency 15.01~20.00 Sufficiency 20.01~100.00 Excess > 100.00 Toxicity > 150.00 ng/mL	S
C4861003	HAV Ab IgG	Negative(0.11) ✓		Negative < 1.0 S/co	S
C4862003	HAV Ab IgM	Negative(0.24)		Negative < 0.8 Equivocal 0.8 ~ <1.2 Positive ≥ 1.2 S/CO	S
C468241C	Rubella IgG	Positive(15.05)		Negative < 5.00 Equivocal 5.00~9.99 Positive > 9.99 IU/mL	S
C468341C	Rubella IgM	Negative(0.11)		Negative < 1.20 Equivocal 1.20~1.59 Positive > 1.59 Index	S
C360003	TSH (Pregnancy)	0.430		1st Trimester 0.1~2.5 2nd Trimester 0.2~3.0 3rd Trimester 0.3~3.5 mIU/L	S

상기항목 중 * 표시된 검사항목은 전문의가 검증하였습니다.

검사보고 완료입니다.

QuestQuanum™

David D. Kim, MD
Obstetrics and Gynecology
143-16 Sanford Ave., 1st Floor
Flushing, NY 11355

Tel. 718-445-1700
Fax. 718-445-3097

Patient Consent Form

Our Notice of Privacy Practices provides information about how we may use and disclosed protected health information about you. The Notice contains a Patient Rights section describing your rights under the law. You have the right to review our Notice before signing this Consent. The terms of our Notice may change. If we change our Notice you may obtain a revised copy by contacting our office.

You have the right to request that we restrict how the protected health information about you is used or disclosed for treatment, payment, or health care operation. We are not required to agree to this restriction, but if we do, we shall honor that agreement.

By signing this form you consent to our use and disclosure of protected health information about you for treatment, payment, and healthcare operations. You have the right to revoke this Consent, in writing, signed by you. However, such a revocation shall not affect any disclosures we have made in reliance on your prior Consent. The Practice provides this form to comply with the Health Insurance Portability and Accountability Act of 1996 (HIPPA).

The Patient understands that :

1. Protected health information my be disclosed or used for treatment, payment, or healthcare operations.
2. The Practice has a Notice of Privacy Practices and that the patient has the opportunity to review this Notice
3. The practice reserves that right to change the Notice of Privacy Practices.
4. The patient has the right to restrict the uses of their information but the Practice does not have to agree to those restrictions.
5. The Patient may revoke this Consent in writing at any time and all future disclosures will then cease
6. The Practice may condition receipt of treatment upon the execution of this Consent.

This consent was signed by Park Min hye 11/16/17
(printed name of patient or representative)

Signature (I have received a copy of the privacy notices) Date

Witness: 2017. 11. 16
(Printed name of Practice representative) Date

Signature Date

QuestQuanum™

David D. Kim, MD
Obstetrics and Gynecology
143-16 Sanford Ave., 1st Floor
Flushing, NY 11355
Tel. 718-445-1700
Fax. 718-445-3097

Patient Demographic Insurance Form

Name(이름) : Park Min hye Date(날짜): 2017. 11. 16

Address(주소): 43-11 220 St Bayside NY 11361

City: _____ State: _____ Zip Code: _____

Date of Birth (생년월일): [redacted] Cell Phone(전화번호): 917 683 3535

Home Phone: _____

Work Phone: _____

Primary Insurance Carrier: _____

Insurance ID #: _____ Date Insurance Started: _____

Reason for Visit: _____

Referring Doctor / Friend: _____

Would you like to have a female present as a chaperone during your exam? (검사도중 여성분이 같이 계시길 원하시나요?) YES (NO)

Would you like to have a Korean translator?(한국어 통역이 필요하신가요?) (YES) NO

May Dr. Kim's office call you and leave a message? (음성메세지를 남겨도 괜찮은가요?) (YES) NO

The provider (David D. Kim, MD) may release to governmental agencies, insurance carriers, or their designated agents or the legal or financial departments representing me or the provider, all information needed to substantiate payment for my medical care and permit representative thereof to examine and make copies of records in relation to such care and treatment.

I hereby assign, transfer and set over to David Kim, MD monies and/or benefits to which I may be entitled from governmental agencies, and insurance carriers or others who are financially liable for my hospitalization and/or medical care to cover the costs of treatment rendered to myself or dependent I will contact David Kim, MD in writing within 30 days of any changes to my insurance and; or of the above information and agree to pay him in full any deductible and co-payment my insurance requires me to pay.

Signature of Patient(서명): _____ Date(날짜): 2017. 11. 16

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환자분께서는 의료보험이 현재 유효한지
환자분께서 직접 확인하시고 진찰에
임하셔야 됩니다.
만료된 의료보험으로 진찰을 받으실 경우,
환자분께서 PAY 하셔야 합니다.

IT IS YOUR RESPONSIBILITY TO CHECK THE ELIGIBILITY OF YOUR INSURANCE BEFORE THE VISIT. IF YOUR INSURANCE IS NOT ACTIVE AT THE TIME OF SERVICE, YOU HAVE TO PAY FOR THE VISIT.

SIGNATURE OF PATIENT: _____

DATE: 2017. 11. 16

QuestQuanum™

린치증후군 및 유전성 유방암 및 난소암 증후군에 대한위험 평가

환자 이름: Park Min hye　　담당 의사: _____

생년월일: 681215　　작성 일자: 11/16/17

지침: 귀하와/또는 귀하 가족 (모계(어머니) 또는 부계(아버지)쪽 모두)에 해당하는 경우 Y에 동그라미 표시를 하십시오. 각 내용 다음에, 귀하와의 관계 및 진단 연령을 적으십시오. 귀하 및 다음과 같은 가족 구성원이 해당됩니다:

부모, 형제, 자매, 아들, 딸, 조부모, 손자녀, 숙모, 숙부, 조카, 질녀, 배다른 형제, 사촌, 증조부 및 증손자녀

각각의 항목은 개별적으로 답변하여야 합니다; 질문에 답할 때 동일한 암 진단을 한 번 이상 적을 수 있습니다. 본 설문지는 유전성 유방 및 난소암 증후군, 그리고 린치 증후군의 일반적인 양상에 대한 선별검사 도구입니다. 이 내용을 귀하의 의료진과 공유하여 귀하의 유전성 암 위험을 판정하는데 도움이 되도록 하십시오.

대장 및 자궁암	자신	가족	진단 시 연령
예 (아니오) 50세 이전에 자궁(자궁내막) 암			
예 (아니오) 50세 이전에 대장암			
예 (아니오) 동일인 또는 부계 또는 모계 쪽에서2건 이상의 린치 증후군*			

*다음을 포함한 린치 증후군 관련 암: 대장/직장, 자궁/자궁내막, 난소, 위, 신장/요도, 담관, 수장, 췌장, 뇌, 그리고 피지 선종/암종

유방 및 난소 암	자신	가족	진단 시 연령
예 (아니오) 50세 이전에 유방암			
예 (아니오) 난소암			
예 (아니오) 동일인 또는 부계 또는 모계 쪽에서 2건의 원발성(무관한) 유방암*			
예 (아니오) 남성 유방암			
예 (아니오) 삼중 음성 유방암† (병리검사상 ER-, PR-, HER2-)			
예 (아니오) 모든 연령대에서 3건 이상의 HBOC 관련 암§			
예 (아니오) 모든 연령대에서 HBOC 관련 암의 아시케나지 유대인(Ashkenazi Jewish) 조상 및 개인 또는 가족력§			

†HBOC 관련 암은 유방(DCIS 포함), 난소, 췌장, 그리고 공격성 전립선 암을 포함합니다.
§가족은 부계 및 모계의 1, 2, 3차 직계 존/비속을 포함합니다.

예 (아니오) 귀하나 귀하의 가족 중에 유전성 암 위험에 대한 검사를 받은 사람이 있습니다? 있는 경우 기록해 주십시오: _____

환자 서명　　일자 11/16/17

설문 검사자 용

☐ 추가적인 위험 평가 및/또는 유전자 검사 대상자: ○ 린치 ○ HBOC
☐ 검토를 위해 환자에게 알린 정보
☐ 추적관찰 내원 일정　　날짜: _____

☐ 환자에게 유전자 검사 제안 결과:
○ 수락　○ 거절

의료진 서명　　일자 11/16/17

† 삼중 음성 유방암에 대해 자세히 아시려면 귀하의 의료진에게 물어 보십시오.
의료 협회 가이드라인에 근거한 평가 기준. 개별 협회 가이드라인에 대해서는 웹사이트 를 방문하십시오

PCRA/09-13　MYRIAD

CERTIFICATION OF CUSTODIAN

MINHYE PARK

vs.

N/A

I am the authorized Custodian of Records for: QUEENS SURGICAL CARE CENTER and I have the authority to certify the attached records of:

MINHYE PARK, 11 CHANGWON-DAERO 397BEON, -GIL,UICHANG-GU HILL
STATE ARTRIUM CITY, ,
SSN: N/A, DOB: 12/15/1988
MEDICAL RECORDS & DIAGNOSTIC FILMS ON CD

Being duly sworn according to law, I hereby certify, depose and say that these records were searched and reproduced in my presence at my direction. These records were prepared in the ordinary course of business by authorized personnel on or about the time of the event or act and careful search for the records has been made by me or under my direction. Therefore, these records constitute all the records of said individual described above.

I HEREBY CERTIFY THAT THE FOLLOWING IS TRUE AND CORRECT:

A: I HAVE ATTACHED 10 PAGES / _____ # OF X-RAYS.
B: THIS INCLUDES ALL MATERIAL REQUESTED.
C: THIS INCLUDES ALL CORRESPONDENCE BETWEEN ALL FACILITIES.
D: I HAVE ATTACHEDTHE PATIENT INFORMATION SHEET OR ID SHEET WHEN APPLICABLE.
E: PRIOR APPROVAL REQUIRED FOR FEES IN EXCESS OF $250 FOR HOSPITALS AND $150 FOR ALL OTHER PROVIDERS.

2/22/2021
Date

**Sign Here

THE DOCUMENTS REQUESTED ARE NOT IN OUR POSESSION DUE TO THE FOLLOWING:

___ No Records **Read below
___ Records Destroyed After _____ Years

___ No X-Rays ** Read below
___ X-Rays Destroyed After _____ Years

Other _____

It is to be understood that this does not mean that the requested information does not exist under another spelling or another name. However, with the information furnished to our office and to the best of my knowledge, **I certify the above to be a true and accurate statement.**

Date

**Sign Here

MUST SIGN AND RETURN THIS PAGE!

CE01 - 49908-03

C0, S1

Today's Date 11/27/17 Physician D Kim 2

Patient Information/ Registration

Patient Name: Last PARK First Minhye	Date of Birth: [redacted] Age: Place of Birth or Ethnicity:
Street Address: 43-11 220th St	
City, State, Zip: Flushing NY 11361	Home telephone:
Cell Phone: (917)683-3535	Employer: Phone:
Marital Status ☒ Single ☐ Married ☐ Widowed/Divorced	Misc. Info.
Height 5'3 Weight 110	☐ Male ☐ Female
May we leave messages on your answering machine? ☐ Yes ☐ No ***(note: the representative from our office will never leave any personal health information on an answering machine)	
Emergency Contact: Min Relationship: Friend	Telephone (917) 873-0019
Have you been seen by our practice before: ☐ Yes ☐ No	Date of Last Visit
Who is picking you up after surgery? Friend	
What number can we reach you at the day after your surgery?	

Insurance Information

DR D KIM 11-27-17
PARK. MINHYE
F. DOB 12/15/1988

Primary Insurance

Company Name:	Policy ID# / Group ID#	Allergies
none		

Secondary Insurance

Company Name:	Policy ID#	Asthma	Heart Disease
		Diabetes	
		Rh	IV

If Policy Holder is other than the Patient, please complete the following:

Policy Holder Name:	Date of Birth	High Blood Pressure

Referring Physician Information

Physician Name:	Is this the primary care giver? ☐ Yes ☐ No
Street Address:	If not, name of PCP:
City, State, Zip:	Telephone:

I authorize the release of medical information which could include HIV status, communicable disease, or drug abuse information to and from my primary care and referring physician(s), outside laboratories or consultants, if needed, in the course of my examination and treatment and as necessary to process insurance claims, insurance applications and prescriptions until revoked in writing. I also authorize payment of medical benefits to the physician and QSCA LLC. I understand and agree that regardless of my insurance status, I am responsible for the balance of my account for any professional services rendered.

By signing this form I assure the information provided is complete and accurate to the best of my knowledge. If any of the above information should change, I understand that it is my responsibility to inform the organization of such changes. I have reviewed and understand, and a copy of the following information has been made available to me: **Information regarding the ownership of the practice; the expertise of the associated physicians; the Patient Rights and Responsibilities; the Patient Grievance Process; Notice of Privacy Practice.**

Signature of Patient or Responsible Party — Minhye Park Printed Name — 11/27/17 Date

Last Name_____ First Name_____ DOB / / Date / /

Patient Medical History

*** Please use back of form if more space is needed

ALLERGIES: (list all meds and reactions) ☐Penicillin ☐Iodine ☐Tetracycline ☐Novocain ☐Ampicillin ☐Seafood ☐Other

None

List all Present Illnesses/ Recent Diagnosis/Previous Surgeries:

Tap

List all medications, herbs, OTC medications, vitamins currently taking

None

Have you had any previous negative reaction to anesthesia? ☐Yes ☒No If yes please explain

Do you take any of the following medications? ☐ Coumadin/ Warfarin ☐ Plavix ☐ Aspirin ☐ NSAIDs ☒NONE
Any issues related to: ☐ Sight Impairment ☐Hearing ☐ Communication: Language_____
Do you have a cough/cold /stuffy nose ☐Yes ☒No Do you have? ☐ Dentures ☐ Contact Lenses ☐ Loose Teeth
When was the last time you had something to eat? 9 AM/PM Drink? 9 AM/PM
Do you smoke? ☒Yes ☐No Use Alcohol? ☒Yes ☐No Frequency _____
Do you use any of the following? ☐ Amphetamines ☐ Crack ☐ Cocaine ☐ Heroin ☐ Marijuana ☐ Valium
☐ Other drug_____ Last time used_____

Who is taking you home after the proceduere? Friend

Do you have a personal or family history of any of the following? S (Self) F (Family) No (None)

	S	F	No		S	F	No		S	F	No
Abdominal Pain/ cramps	☐	☐	☐	Gastrointestinal Bleeding	☐	☐	☐	Mitral Valve prolapse	☐	☐	☐
Acid reflux/ heartburn	☐	☐	☐	Gonorrhea (V.D.)	☐	☐	☐	Nausea/ Vomiting	☐	☐	☐
Anemia	☐	☐	☐	Heart Disease	☐	☐	☐	Osteoporosis	☐	☐	☐
Asthma or Lung Disease	☐	☐	☐	Heart Murmur	☐	☐	☐	Ovarian cysts	☐	☐	☐
Bleeding (Excessive)	☐	☐	☐	Hepatitis C	☒	☐	☐	Polyps	☐	☐	☐
Cancer (type)	☐	☐	☐	Herpes	☐	☐	☐	Pulmonary embolus	☐	☐	☐
Chlamydia	☐	☐	☐	High Blood Pressure	☐	☐	☐	Sickle cell anemia/ trait	☐	☐	☐
Clinical Depression	☐	☐	☐	HIV/AIDS	☐	☐	☐	Sleep Apnea	☐	☐	☐
Diabetes Diarrhea	☐ ☐	☐ ☐	☐ ☐	Infection of the Uterus, Ovaries (PID)	☐	☐	☐	Stomach Ulcer Syphilis (V.D)	☐ ☐	☐ ☐	☐ ☐
Digestive disease	☐	☐	☐	Irritable Bowel Syndrome	☐	☐	☐	Thyroid Problem	☐	☐	☐
Epilepsy, convulsions, seizures	☐	☐	☐	Kidney problems	☐	☐	☐	Tuberculosis	☐	☐	☐

Menstrual Cycle Information

Yes No
☐ ☐ Bleeding/spotting since last menstrual period? When?_____
☐ ☐ Do you have cramping?
☐ ☐ Periods are usually every 25-35 days? If NO how often?_____

How many days do you flow_____

Date of Last Menstrual Period 10/16/17

Previous problems with deliveries or abortions?

_____

Date of Last Pregnancy Test_____
Previous Pap Smears results: ☐ None ☐Normal ☐Abnormal

Previous surgical procedures on your cervix: ☐None ☐Colposcopy ☐Leep ☐Cryo ☐Cone biopsy ☐Laser

Birth Control Methods Used: ☐None ☐Pills ☐Patch ☐Depo ☐Condoms ☐ Sponge ☐Nuvaring ☐Diaphragm ☐ IUD ☐BTL

Previous Pregnancies

How many times have you been pregnant? 2
Number of live births_____
Number of Vaginal deliveries_____
Number of Caesarean sections_____
Number of abortions 2
Number of miscarriages_____
Have you had an Ectopic pregnancy? If so how many?__

Do you have any questions you wish to remember to ask the doctor?_____

TO THE BEST OF MY KNOWLEDGE, THE ABOVE INFORMATION IS TRUE AND COMPLETE.

Patient's Signature _____ Date 10/27/17

QSCC Corporation
136-20 38th Ave Suite 51
Flushing NY 11354
Tel (71 39-7474

NewPath Diagnostics
42-11 Parsons Blvd., 1st Floor
Flushing, NY 11355
Tel: (718) 321-1108
Fax: (718) 321-0158 / (718) 408-1477

DR. ___ DR D KIM 11-27-17
PARK, M NHYE
F. DOB [redacted]

PATIENT INFORMATION

Last Nam | First Name | M.I. | D.O.B. | ☐ M ☑ F

Street Address | Apt# | City | State

Phone | SSN | Insured name (if different from patient) | Insured D.O.B.

INSURANCE INFORMATION (ATTACH COPY OF INSURANCE CARD)

Insurance Name | I.D. # | Group #

☑ Bill QSCC ☐ Bill Client ☐ Bill Insurance ☐ Self ☐ Spouse ☐ Child

Physician Name | NPI #

SPECIMEN INFORMATION

Date Collected	Time AM PM	Fasting ☐ hr ___	Fax results to:	Call results to:	STAT

It is the ordering party's responsibility to order only those tests medically necessary for the diagnosis and treatment of the patient.

ICD9 code							

HISTOPATHOLOGY REQUEST

INFORMATION BELOW IS IMPORTANT FOR PROPER INTERPRETATION

CLINICAL DIAGNOSIS

PERTINENT MEDICAL HISTORY / OPERATIVE FINDINGS

PREVIOUS SURGERY
(IF EXAMINED AT THIS LAB INCLUDE PATHOLOGY #)

IF GYN SPECIMEN: LMP ___ month / day / year

☐ Oral Contraceptives
☐ Pregnant
☐ Post Abortion
☐ Post Partum
☐ IUD
☐ Post Menopausal
☐ Hormonal therapy (Specify)
☐ Abnormal Bleeding
☐ DES Exposure

TYPE OF SKIN BIOPSY

JAR#:__ ☐ PUNCH
JAR#:__ ☐ SHAVE
JAR#:__ ☐ INCISIONAL
JAR#:__ ☐ EXCISIONAL
JAR#:__ ☐ EXCISIONAL WITH MARGIN EXAMINATION

SITE OF BIOPSY:

JAR#:__ ☐ ENDOCERVIX
JAR#:__ ☐ ENDOMETRIUM
JAR#:__ ☐ CERVICAL POLYP.
JAR#:__ ☐ ENDOMETRIAL POLYP.
JAR#:__ ☐ CONE BIOPSY
JAR#:__ ☑ P.O.C.

PLEASE IDENTIFY CONTAINERS (NOT LIDS) WITH PATIENT NAME

For Lab Use Only

136-20 38th Ave, Sui DR D KIM 11-27-17
PARK, MINHYE
F, DOB 12/15/1988

Patients Name: [redacted] Date of Birth: [redacted] Da

Informed Consent for Termination of Pregnancy

I hereby give my full and informed consent to: Dr. D Kim and his/her associates at QSCA LLC to terminate my pregnancy. I have considered my alternatives regarding this pregnancy and I voluntarily and of my own free will consent to the termination of pregnancy procedure.

I authorize the above physician and/or his/her associates to carry out such diagnostic procedures, administer treatment, anesthetics and/or medications, as he/she may deem necessary and advisable to insure my proper treatment.

My physician has fully explained the risks, and drawbacks involved as well as the possibility of complications from the procedure, including [illegible] and the benefits of the procedure. We have also discussed alternatives including no treatment; to the procedure along with those risks and benefits. I am aware that no guarantee or assurances as to the results of the procedure have been made and I have been told that no guarantee of results could be made. By signing this consent, I agree that all the foregoing has taken place to my satisfaction

I have received pre and post-operative (before and after) instructions; both written and verbal. I was given a chance to ask questions and all of my questions have been answered to my satisfaction. I am aware of the recovery period required as well as any potential problems I may encounter during this time

I represent that my medical history is accurate including medical conditions, use of medications, allergies to medications, use of any drugs (such as marijuana, crack, cocaine, heroin, valium, codeine) or alcohol. I am aware that withholding information regarding my medical history or use of drugs could be life threatening, and that the physicians treating me are NOT responsible for complications related to the information that I withhold.

Therefore, I authorize my physician in addition to any assistants whom he/she might designate, to perform this operation together with any preoperative or postoperative treatment upon me.

I authorize the operating physician to perform any procedures, which he may deem necessary in attempting to improve the condition for which I am being treated or any unforeseen condition that he may encounter during the operation.

I also consent to the administration of anesthesia, general, IV sedation, or local, to be applied by or under the direction of the Anesthesia Department and /or the operating physician, and the use of such anesthetics as deemed advisable. I understand the risks, complications and potential benefits of anesthesia; as well as potential problems associated with anesthesia during the recovery phase. These risks include but are not limited to, nausea and vomiting, trouble breathing, low blood pressure, cardiac arrhythmia, cardiac arrest, death.

I consent to observers in the procedure room as approved by my physician for the purpose of training or quality assurance. I authorize my physician to disclose complete information concerning his medical findings and treatment for the undersigned, from the initial consultation until date of the conclusion of such treatment, to those individuals who in my physicians sole determination, are required to receive such information for the purpose of medical treatment, medical quality assurance and peer review.

Patient _____ Date _____ Witness _____

Guardian/Responsible Party _____ Relationship _____

I _____ have fully discussed and explained to _____
All the procedures and risks involved in the above identified procedure and hereby certify that I have explained the nature, purposes, benefits, risks, and alternatives to the proposed procedure, and have offered to answer any questions and have fully answered all such questions. I believe the patient fully understands what I have explained and answered.

Physician Signature _____ Date 11/27/17

DR D KIM 11-27-17
PARK, MINHYE
F, DOB [redacted]

Consent for Anesthesia

I hereby authorize the anesthesiologist Dr. Kim or his/her colleague, to administrate intravenous sedation (MAC), general, or local anesthesia on me for the proposed procedure. The anesthesiologist has fully explained to me the nature, benefits, risks, possible complications and alternative treatments for the anesthesia, including no anesthesia. These risks include but are not limited to, nausea, vomiting, trouble breathing, pneumonia, aspiration, low blood pressure, cardiac arrhythmia, cardiac arrest, or death. I understand that I should not have eaten food or drank fluid at least eight hours prior to the procedure. I also understand the necessity for an escort and the potential risks in traveling after anesthesia without an escort. I have been given an opportunity to ask questions and all my questions have been answered.

Assignment and Release

I authorize the release of any personal and medical information necessary to process this claim. I permit copy of this authorization to be used in place of the original. I authorize Dr. Kim to apply for benefits on my behalf for covered services rendered by him or his order. I request that payment from my insurance company be made directly to the doctor. I certify that the information I have reported with regard to my insurance coverage is correct.

Patient's Name (Print): _____ Signature: X _____

Witness's Name (Print): _____ Signature: _____

Physician's Signature: _____ Date: 11/27/2017

Patient discharge and Escort

Patient Received: Mediation Prescription ☐ Y / ☒ N Discharge Instruction ☑ Y / ☐ N

Patient Signature: PARK

Name of Responsible Adult Who Will Take Patient Home

Print: _____ Sign: PARK Date: 11/27/17

* Friend is Lourdais

QSCA
136-20 38TH Ave. 5I
Flushing,NY 11354
Tel. 718-939-9200

Date: November 27, 2017

OPERATIVE REPORT

Name of patient: MINHYE PARK

Patient date of birth: [redacted]

Preoperative Diagnosis: ELECTIVE TERMINATION OF PREGNANCY

Procedure: SUCTION DILATATION AND CURETTAGE

Postoperative Diagnosis: ELECTIVE TERMINATION OF PREGNANCY

Surgeon: David Kim, MD Assistant: None

Anesthesiologist: Guo, MD Anesthesia: MAC

Complications: None.

Estimated Blood Loss: 20 mL

Specimen(s): PRODUCTS OF CONCEPTION.

Description of Operative Procedure:

After risks and benefits of options were discussed with the patient, informed consent was signed and obtained. Patient understands and accepts possible risks of suction dilatation and curettage, including but not limited to bleeding, perforation of the uterus, infection, perforation of the uterus (with or without possible injury to organs surrounding the uterus (including but not limited to the urinary bladder and/or the bowel), cervical laceration, retained products of conception, Asherman's syndrome, and/or pain. Informed consent was signed and obtained. Patient voided urine in the bathroom, and then was transferred to the operating room.

MAC anesthesia was given by Dr. Guo. Patient was then placed in the dorsal lithotomy position, the patient was prepped and draped in sterile fashion. Sterile heavy weighted speculum was placed in the posterior portion of the vaginal vault. A Sims speculum was placed in the anterior portion of the vaginal vault. An Allis clamp was used to grasp the anterior lip of the cervix. The endocervical canal was gently and gradually dilated with Hanks dilators. A 6 mm suction curette was used to perform a suction curettage. A sharp curettage was then gently performed throughout the endometrial cavity until a gritty texture was appreciated. A suction curettage was repeated to remove the remaining products of conception. All instruments were then removed from the vagina. Excellent hemostasis was visualized. Instrument and sponge count were correct times two. Patient was transferred to the recovery room in stable condition.

Discharge Instructions:

1. Pelvic rest: No sex, no tampons, no douche, and no tub baths for 3 weeks.
2. Call Dr. Kim and go immediately to NY Presbyterian-Queens ER if fever, severe abdominal pain, or heavy vaginal bleeding.
3. Advil 400mg po q 6 hours with food for 3 days prn pain.
4. Follow up with Dr. Kim in the office in 3 weeks.

DR D KIM 11-27-17
PARK, MINHYE
F, DOB [redacted]

Anesthesia Record

Patient's Name: _____ D.O.B.: __

Diagnosis: Top Date: _____

Procedure: Sinus I&D Time: 1100 11:40

PREOPERATIVE EVALUATION

Medical History:
HTN: YES( ) NO( ) DM: YES( ) NO( )
CAD: YES( ) NO( ) ASTHMA: YES( ) NO( )
OTHER: YES( ) NO( ) BLEEDING TENDENCY: YES( ) NO( )

Surgical History: Top
Medication:
Allergies:

BP: 130/77 HR- 77 O2Sat 99
Height: Weight: 110 lb
Cardiovascular:
Pulmonary:
Airway Assessment:
Lab:
N.P.O. Status:
ASA Class: 2

Time	15	30	45	15	30	45	Total
O2 (L/M)	3						
Midazolam							
Propofol (ml)	60	50	20				
Ketamine(mg							
Fentanyl(ug)							
IV							
Ventilation							
ECG							
Pulse Ox							
NIBP 180							
160							
140							
120							
100							
80							
HR 60							
40							

Anesthesia Management:

Consent obtained
Monitors Applied
IV line Placed
Time Out Prior To Procedure
Anesthesia Type: GA ( ) MAC ( )
Airway Management ( )

Remark

RECOVERY & DISCHARGE

Time:	BP:	HR:	O2Sa:	RR:
1310	100/60	62	98	17

VNS

Discharge Criteria

Vital Signs Stable: ( )
Alert and Oriented X 3: ( )
Absence of Pain: ( )
Able to Ambulate: ( )
No anesthesia complications: ( )
Discharge with escort: ( )
Instruction given: ( )
Discharge Criteria Met ( )

Discharge Time: _____

Notes:

Surgeon Name: Dr Kim

Anesthesiologist Signature:

DR D KIM 11-27-17
PARK, MINHYE
F, DOB [redacted]

Post-Operative Recovery Room Record

Patient Name: _____ Date Birth _____ Date: _____
Handoff Required ☐ No ☐Yes Staff Performing 6 Info Revised _____

Monitor: _____ Patient Identification Verifies ☑ Verbal ☐ Medical Record

Time In: 1248 via Color ☐ Pink ☐ Pale Breathing ☐ Freely ☐Obstructed

Response: ☐ Awake and Oriented ☐ Unresponsive Time Responsive: _____

Time	BP	HR	Resps	O2 Saturation	Comments	Initials
Admission Time: 11:40	108/64		16	97		Z
1st Eval after Admission: 12:00	100/70	62	17	98		Z
Discharged Time: 1:00	106/60	62	17	98		Z

	Medication	Dsg	RT	Time	Initials
☐	Ibuprofen	600 mg #___	By Mouth		
☐	Tylenol	500mg #1		12:00	Z
☐	Water/Tea		12		
☑	Hard candy				
☐	Orange Juice				
☐	Coffee				
☐	Apple Juice				

Bleeding ☐ Scant ☐ Moderate ☐ Heavy

Pain Scale - Initial — Ask patient to point to face that best described their level of pain

0. No Pain 1. Mild Pain 2. Discomfort 3. Distressing 4. Intense 5. Excruciating

Pain Scale -Discharge — Ask patient to point to face that best described their level of pain

0. No Pain 1. Mild Pain 2. Discomfort 3. Distressing 4. Intense 5. Excruciating

Discharge Scoring System:		OUT
Able to do normal activity for age Minimal Assist Ambulate with assistance	2 1 0	Z
VS +/- 20% Pre-op level/stable VS +/- 20-50% Pre-op level/stable VS +/- 60% pre-op level/stable	2 1 0	Z
Voided Voiding small amounts Unable to void	2 1 0	Z
Tolerating liquids / solids well Needs encouragement to drink Not drinking. IV still infusing	2 1 0	Z
Minimal or no nausea & vomiting Moderate nausea & vomiting Unable to control nausea & vomiting	2 1 0	Z
Minimal or No Bleeding Bleeding Within Normal Limits Excessive Bleeding	2 1 0	Z
Totals: _____		12

Discharge Status: Time of Discharge: 1:00

Ambulatory? ☐Yes ☐No _____
Instructions given: ☐Yes To: ☐ Patient ☐ Caregiver
Patient Understands Post-up Instructions ☐Yes
Patient Mental Status ☐ WNL ☐Altered _____
Post-op Appointment made: ☐Yes
Pain Management Plan:
☐ Pain 4 or less take pain medication as instructed in postoperative instructions
☐Pain level greater than 4: MD plan:

_____
_____
_____

☐ Patient cleared for discharge home with an escort in stable condition. Patient indicates she is feeling well
Notes _____
_____

Discharged by: _____ M.D.

Physician Name:

PRE-OPERATIVE HISTORY AND PHYSICAL EXAMINATION

Patient Name: _____ **DOB:** _____ **Date:** _____

HEIGHT 5'4 **WEIGHT** 110 **TEMP** 98 **PULSE** 62 **BP** 98/60 **NPO** 11 **# hours**

ALLERGIES/ DRUG SENSITIVITIES NKDA

Previous Serious Illness and Surgeries _____

_____

Pertinent Labs: ☐ **Urine Pregnancy** ☐ Positive ☐ Negative ☐ **RH** ☐ Positive ☐ Negative
☐ **NONE** ☐ **Other Labs** _____

Current/Chronic Medical Issues: _____

_____

Barriers to learning ☐ None ☐ Site impairment ☐ Hearing ☐ Speech ☐ Language _____
☐ Level of Understanding ☐ Psychosocial Status _____ ☐ Cultural Considerations _____

Plan for Effective Teaching/Education
☐ Translation Services _____ ☐ Large Print Materials ☐ Translated Written Materials
☐ Other _____

MEDICATION MANAGEMENT:
Current Medications ☐ Unchanged from intake
☐ Other, explain _____
Anticoagulants? ☐ Yes ☐ No last dose? _____

PHYSICAL ASSESSMENT
Heart: ☐ Normal ☐ Other _____
Lungs ☐ Normal ☐ Other _____
Other (applicable to area to be treated) ☐ Normal ☐ Other _____
General Appearance: ☐ Normal ☐ Other _____
Review of Systems ☐ WNL ☐ Other, explain _____
Bleeding Tendencies ☐ None ☐ Other _____
Other pertinent finding: _____
IMPRESSION (Pre-op diagnosis and proposed procedure) _____

_____

_____

_____

TIME OUT PROCEDURE
VERIFIED: Correct Patient? ☐ **Name** ☐ **Date of birth**

Correct surgery with patient? ☐ Yes ☐ No Informed Consent Obtained? ☐ Yes 2 Person Agreement ☐ Yes

☐ Site marking n/a ☐ Surgery Site Marked

Cleared for Procedure ☐ *Yes* ☐ *No, Reason* _____

Physician Signature: _____ Date _____

Procedure Start Time _____ Procedure End Time _____

NewPath Diagnostics

42-11 Parsons Boulevard, 1ST FL., Flushing, NY 11355
Phone 718-321-1108; Fax 718-321-0158

WOMEN'S HEALTH PATHOLOGY REPORT

PATIENT	PHYSICIAN	SPECIMEN
PARK,MINHYE Age: 28 DOB: [redacted] Sex: Female	DAVID KIM, M.D. 136-20 38th Avenue 5I Flushing, NY 11354 Tel #: 718-939-9200 Fax#: 718-939-7474	Accession #: S17-10254 Date Collected: 11/27/2017 Date Received: 11/27/2017 Date Reported: 12/04/2017 # of Jars received: 1 Service type: GLOBAL

FINAL DIAGNOSIS:

PRODUCT OF CONCEPTION, CURETTAGE

- **Decidua with reactive changes. No villi seen.**

Note: Report faxed to Dr. Kim's office (12/03/2017).

GROSS DESCRIPTION:

Product of conception, curettage received in formalin is multiple fragment(s) of tan, soft tissue measuring 20x20x20 mm with possible villi but no fetal parts. The specimen is entirely submitted in 2 cassettes.

PATHOLOGIST:

Jianyou Tan, M.D., Ph.D./ Electronically Signed

CPT: 88305
ICD10: Z33.2

Subject: Re: Review the documents meticulously of the name, signatures and dates, and confirm you did it or not.
From : minhye park
To: JSL LAW OFFICES, P.C.
Date: 201-07-05 1308 PM

So these 4 pages are the ones I wrote when I first went to the clinic, and where marked "x" is not my handwriting. Other than these four pages of documents, they are not written by me, and I have never seen them before.

Subject: Re: Review the documents meticulously of the name, signatures and dates, and confirm you did it or not.
From : minhye park
To: JSL LAW OFFICES, P.C.
Date: 201-07-05 11:55

I've checked and I've written only the parts I've circled in red, and the rest of them are not the papers I've written. Other documents are the first time I look at them, and I've never seen it or heard it. That's not my handwriting, it's someone else's. Not only did I speak English, but I didn't understand spoken English. I have never heard about any side effects or anything about surgery before or after the surgery and the doctor lied to me even when he saw the ultrasound that the baby was still there and growing because the surgery went wrong.

I just heard the doctor said that the surgery went good, without knowing the baby was still growing, and I took the contraceptive pill right after the surgery, and I came to Korea to find out that the fetus was still alive. When I still think about what happened then, my whole body shakes and I feel so angry. I don't know what these documents are about, and the only part I circled is my handwriting, and the rest of the documents that I've never seen before. Those are not my handwriting. Now please stop this doctor's lying and I want to end this pain.

Affidavit of Translation

I, Soohyun Park, am fluent in English and Korean. I hereby certify that I have translated and verified the following document(s) which is/are attached to this Affidavit:

Description of document(s): (title or type, document date, number of pages)

two email replies, sent date 7/5/21 , 1 page

I further certify that, to the best of my knowledge, the attached document(s) written in English is/are a true and accurate translation of the attached document(s) written in Korean.

Soohyun Park
(Signature of Translator/Verifier)

Soohyun Park
(Print Name)

==========

STATE OF New Jersey
COUNTY OF Bergen

Subscribed and affirmed, or sworn to, before me on this 6th day of August, 2021, by Soohyun Park.

(Signature of Notary Public)

Jae S. Lee
Notary Public State of New York
No. 02LE6279642
Qualified in Nassau County
Commission Expires April 15, 2022

Notary Seal:

Jae Lee
(Print Name)

My commission expires:

Subject **Re: 이름과 사인, 날짜 등을 꼼꼼히 확인 하시고, 본인이 하신 것이 맞는지 연락 주세요.**

From 박민혜 <jindov12@naver.com>

To JSL LAW OFFICES, P.C. <office@lawjsl.com>

Date 2021-07-05 13:08

- EC290651-51B1-40AE-8B12-5ED375B3B16E.jpeg(~296 KB)
- EFE60BA0-4A21-44A9-B207-839242BF4F78.jpeg(~348 KB)
- 2430BDEE-A0B1-428D-90BE-1F74D7BA78CD.jpeg(~245 KB)
- 9427492E-7CF2-4549-BD97-33450C0D8CC8.jpeg(~413 KB)

이렇게 4장은 제가 처음 병원에 갔을 때 작성한게 맞고 x친 부분은 제 글씨가 아닙니다 이 4장을 제외한 나머지 서류는 제가 쓴게 아니고 처음보는 서류들입니다

-----Original Message-----
From: "JSL LAW OFFICES, P.C."<office@lawjsl.com>
To: "박민혜"<jindov12@naver.com>;
Cc:
Sent: 2021-07-06 (화) 01:58:12 (GMT+09:00)
Subject: Re: 이름과 사인, 날짜 등을 꼼꼼히 확인 하시고, 본인이 하신 것이 맞는지 연락 주세요.

이것도 보세요.

Very truly,

JSL Law Offices, P.C.
(Main Office)
626 RXR PLAZA
UNIONDALE, NY 11556

Tel: (718) 461-8000
Fax : (866) 449-8003
www.lawjsl.com

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On 2021-07-05 11:55, 박민혜 wrote:
> 확인해보니 제가 직접 쓴 글씨는 빨간색으로
> 동그라미 친 부분만
> 제가 쓴 거고 나머지는 제가 쓴 글자가 아닙니다
> 다른 서류들은 아예 처음 보는거고 저런 서류들을
> 저는 본 적도
> 그에 대한 설명을 들은적도 없습니다 저건 제 글씨가
> 아니고 다른사람 글씨입니다 저는 영어를 못해서
> 무슨말인지 알아듣지도 못할뿐더러 수술전이나
> 수술후에도 전혀 부작용이나 수술에 관한
> 어떤글이라거나 얘기도 듣지도 보지도 못했고
> 심지어 수술이 잘못되서 아기가 크고 있는걸
> 초음파로 보고도 의사는 저에게 거짓말을 했습니다

> 수술이 잘못되서 아기가 크고있는지도 모르고
> 수술이 잘됐다는 의사 말만 듣고 수술 후 피임약을
> 바로 복용했으며 한국에 와서 아기가 있다는걸 알게
> 되었습니다 아직도 그때 생각을 하면 온 몸이
> 떨릴정도로 화가 납니다 저는 이 서류들이 무슨
> 내용인지도 모르고 제가 동그라미 친 부분만 제
> 글씨가 맞고 나머지 서류들은 본 적도 없는 처음보는
> 글씨입니다 이것은 제 자필이 아닙니다 이제 제발 그
> 의사가 거짓말을 그만하고 이 고통을 끝내고
> 싶습니다
>
>
> -----Original Message-----
> From: "JSL LAW OFFICES, P.C."<office@lawjsl.com>
> To: <jindov12@naver.com>;
> Cc:
> Sent: 2021-07-06 (화) 00:30:56 (GMT+09:00)
> Subject: 이름과 사인, 날짜 등을 꼼꼼히 확인 하시고,
> 본인이 하신 것이 맞는지 연락 주세요.
>
> 첨부서류에 있는 이름과 사인, 날짜 등을 꼼꼼히
> 확인 하시고, 본인이 하신 것이 맞는지 연락 주세요.
>
> --
> Very truly,
>
> JSL Law Offices, P.C.
> (Main Office)
> 626 RXR PLAZA
> UNIONDALE, NY 11556
>
> Tel: (718) 461-8000
> Fax : (866) 449-8003
> www.lawjsl.com [1]
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EC290651-51B1-40AE-8B12-5ED375B3B16E.jpeg
~296 KB

QuestQuanum™

David D. Kim, MD
Obstetrics and Gynecology
143-16 Sanford Ave., 1st Floor
Flushing, NY 11355

Tel. 718-445-1700
Fax. 718-445-3097

Patient Consent Form

Our Notice of Privacy Practices provides information about how we may use and disclosed protected health information about you. The Notice contains a Patient Rights section describing your rights under the law. You have the right to review our Notice before signing this Consent. The terms of our Notice may change. If we change our Notice you may obtain a revised copy by contacting our office.

You have the right to request that we restrict how the protected health information about you is used or disclosed for treatment, payment, or health care operation. We are not required to agree to this restriction, but if we do, we shall honor that agreement.

By signing this form you consent to our use and disclosure of protected health information about you for treatment, payment, and healthcare operations. You have the right to revoke this Consent, in writing, signed by you. However, such a revocation shall not affect any disclosures we have made in reliance on your prior Consent. The Practice provides this form to comply with the Health Insurance Portability and Accountability Act of 1996 (HIPPA).

The Patient understands that :

1. Protected health information my be disclosed or used for treatment, payment, or healthcare operations.
2. The Practice has a Notice of Privacy Practices and that the patient has the opportunity to review this Notice
3. The practice reserves that right to change the Notice of Privacy Practices.
4. The patient has the right to restrict the uses of their information but the Practice does not have to agree to those restrictions.
5. The Patient may revoke this Consent in writing at any time and all future disclosures will then cease
6. The Practice may condition receipt of treatment upon the execution of this Consent.

This consent was signed by Park Min hye 11/16/17
(printed name of patient or representative)

Signature (I have received a copy of the privacy notices) Date

Witness: 2017. 11. 16
(Printed name of Practice representative) Date

Signature Date

QuestQuanum™

David D. Kim, MD
Obstetrics and Gynecology
143-16 Sanford Ave., 1st Floor
Flushing, NY 11355
Tel. 718-445-1700
Fax. 718-445-3097

Patient Demographic Insurance Form

Name(이름) : Park Min hye Date(날짜): 2017. 11. 16

Address(주소): 43-11 220st Bayside NY 11361

City: _____ State: _____ Zip Code: _____

Date of Birth (생년월일): [redacted] Cell Phone(전화번호): 917 683 3535

Home Phone: _____

Work Phone: _____

Primary Insurance Carrier: _____

Insurance ID #: _____ Date Insurance Started: _____

Reason for Visit: _____

Referring Doctor / Friend: _____

Would you like to have a female present as a chaperone during your exam? (검사도중 여성분이 같이 계시길 원하시나요?) YES (NO)

Would you like to have a Korean translator?(한국어 통역이 필요하신가요?) (YES) NO

May Dr. Kim's office call you and leave a message? (음성메세지를 남겨도 괜찮은가요?) (YES) NO

The provider (David D. Kim, MD) may release to governmental agencies, insurance carriers, or their designated agents or the legal or financial departments representing me or the provider, all information needed to substantiate payment for my medical care and permit representative thereof to examine and make copies of records in relation to such care and treatment.

I hereby assign, transfer and set over to David Kim, MD monies and/or benefits to which I may be entitled from governmental agencies, and insurance carriers or others who are financially liable for my hospitalization and/or medical care to cover the costs of treatment rendered to myself or dependent I will contact David Kim, MD in writing within 30 days of any changes to my insurance and; or of the above information and agree to pay him in full any deductible and co-payment my insurance requires me to pay.

Signature of Patient(서명): _____ Date(날짜): 2017. 11. 16

QuestQuanum™

환자분께서는 의료보험이 현재 유효한지
환자분께서 직접 확인하시고 진찰에
임하셔야 됩니다.
만료된 의료보험으로 진찰을 받으실 경우,
환자분께서 PAY 하셔야 합니다.

IT IS YOUR RESPONSIBILITY TO CHECK THE ELIGIBILITY OF YOUR INSURANCE BEFORE THE VISIT. IF YOUR INSURANCE IS NOT ACTIVE AT THE TIME OF SERVICE, YOU HAVE TO PAY FOR THE VISIT.

SIGNATURE OF PATIENT: _____

DATE: 2017. 11. 16

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린치증후군 및 유전성 유방암 및 난소암 증후군에 대한위험 평가

환자 이름: Park Min hye 담당 의사: _____

생년월일: 680215 작성 일자: 11/16/17

지침: 귀하와/또는 귀하 가족 (모계(어머니) 또는 부계(아버지)쪽 모두)에 해당하는 경우 Y에 동그라미 표시를 하십시오. 각 내용 다음에, 귀하와의 관계 및 진단 연령을 적으십시오. 귀하 및 다음과 같은 가족 구성원이 해당됩니다:

부모, 형제, 자매, 아들, 딸, 조부모, 손자녀, 숙모, 숙부, 조카, 질녀, 배다른 형제, 사촌, 증조부 및 증손자녀

각각의 항목은 개별적으로 답변하여야 합니다; 질문에 답할 때 동일한 암 진단을 한 번 이상 적을 수 있습니다. 본 설문지는 유전성 유방 및 난소암 증후군, 그리고 린치 증후군의 일반적인 양상에 대한 선별검사 도구입니다. 이 내용을 귀하의 의료진과 공유하여 귀하의 유전성 암 위험을 판정하는데 도움이 되도록 하십시오.

대장 및 자궁암	자신	가족	진단 시 연령
예 (아니오) 50세 이전에 자궁(자궁내막) 암			
예 (아니오) 50세 이전에 대장암			
예 (아니오) 동일인 또는 부계 또는 모계 쪽에서2건 이상의 린치 증후군*			

*다음을 포함한 린치 증후군 관련 암: 대장/직장, 자궁/자궁내막, 난소, 위, 신장/요도, 담관, 수장, 췌장, 뇌, 그리고 피지 선종/암종

유방 및 난소 암	자신	가족	진단 시 연령
예 아니오 50세 이전에 유방암			
예 아니오 난소암			
예 아니오 동일인 또는 부계 또는 모계 쪽에서 2건의 원발성(무관한) 유방암*			
예 아니오 남성 유방암			
예 아니오 삼중 음성 유방암[1] (병리검사상 ER-, PR-, HER2-)			
예 아니오 모든 연령대에서 3건 이상의 HBOC 관련 암[1,2]			
예 아니오 모든 연령대에서 HBOC 관련 암의 아시케나지 유대인(Ashkenazi Jewish) 조상 및 개인 또는 가족력[1,2]			

[1]HBOC 관련 암은 유방(DCIS 포함), 난소, 췌장, 그리고 공격성 전립선 암을 포함합니다.
[2]가족은 부계 및 모계의 1, 2, 3차 직계 존/비속을 포함합니다.

예 아니오 귀하나 귀하의 가족 중에 유전성 암 위험에 대한 검사를 받은 사람이 있습니다? 있는 경우 기록해 주십시오:

환자 서명 _____ 일자 11/16/17

설문 검사자 용

☐ 추가적인 위험 평가 및/또는 유전자 검사 대상자: ○ 린치 ○ HBOC

☐ 검토를 위해 환자에게 알린 정보

☐ 추적관찰 내원 일정 날짜: _____

☐ 환자에게 유전자 검사 제인 결과: ○ 수락 ○ 거절

의료진 서명 _____ 일자 11/16/17

1 삼중 음성 유방암에 대해 자세히 아시려면 귀하의 의료진에게 물어 보십시오.
의료 협회 가이드라인에 근거한 평가 기준. 개별 협회 가이드라인에 대해서는 웹사이트 를 방문하십시오

PCRA/09-13 MYRIAD